

Foster Family Home - Corrective Action Report

Provider ID: 5-623589

Home Name: Leonarda Batulayan, CNA

Review ID: 5-623589-8

5419 Kuapapa Street

Reviewer: David Ayling

Kapa'a

HI 96746

Begin Date: 5/15/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 5/15/19. Corrective Action Report issued during home inspection with all items due to CTA by 6/15/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1),(2) - No current APS/CAN for CG #2, CG #3, and HHM #1. No current eCrim for CG #3.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) - No current TB clearance for Cg #2, CG #3, and HHM #1.

41.(b)(8) - No current CPR, First Aid, and Blood Borne Pathogen certification for CG #1, CG #2, and CG #3.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1) - Small hole in the floor between the toilet and bathroom sink.

Compliance Manager

Primary Care Giver

Date

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Leonarda Batulayan
CCFFH Address: 5419 Kuapapa St.
Kapaa, HI 96746

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(g)(1)	I received a current exemption for CG#3 & placed in my CCFFH binder.	5/28/19	I wrote the expira- tion dates for every- thing that has expi- ration date for all CGs & HHM on my Wall calendar.
8(a)(2)	I received current APS/CAN from CG(2) CG#3 & HHM#1 & placed in my CCFFH binder.		I will look at it when I change to the new month.
41(b)(7)	I received current TP clearance for CG#2, CG#3, & HHM#1 & placed in my CCFFH binder.		

Primary Caregiver's Signature: Leonarda Batulayan

Print Name: LEONARDA BATULAYAN

Date of Signature: 5/28/19

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Leonarda Batulayan
CCFFH Address: 5419 Kusogapua St.
Kaga, HI 96746

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)(8)	I received current CPR, First Aid, & Blood Borne Pathogen certificates from CG #1, CG #2 & CG #3. I placed them in my CCFFH binders.	5/28/19	I have hired a home cleaner that comes 1 time a month & I will inspect my house every month for holes in the floor.
49(a)(1)	I hired a carpenter to repair the bathroom floor by the vanity sink. I send CTA to a picture. I also changed out the sink.		

Primary Caregiver's Signature: Leonarda Batulayan

Print Name: LEONARDA BATULAYAN

Date of Signature: 5/28/19